

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042097

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 147

FILED DEC 6 1962

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location HOSPITAL OR INSTITUTION) <u>St. Joseph Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or print) <u>JOHN-CALVIN-WACHTER</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-74</u>
9. AGE (last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>297- Hays-Painter Funeral Home</u>		17. INFORMANT <u>297- Hays-Painter Funeral Home</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Boonville Mo</u>	
20g. COUNTY <u>Cooper</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Nov 1-62</u> to <u>Nov 29-62</u> and last saw him alive on <u>Nov 28-62</u> Death occurred at <u>—</u> m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>ML Decker</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Boonville Mo</u>	
22c. DATE SIGNED <u>11/30/62</u>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-30-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>University Hosp.</u>	
23d. LOCATION (City, town, or county) <u>Columbia, Mo</u>		23e. DATE REC'D. BY LOCAL REG. <u>11-30-62</u>	
24. FUNERAL DIRECTOR <u>Hays-Painter, Pilot Grove</u>		25. REGISTRAR'S SIGNATURE <u>DA Hooper</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert L. Painter

Licensed Embalmer No.

4069

P. O. Address

Pilot Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.